

Moving Knowledge into Practice

How can we really make this happen?

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Distinguished Professor  
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Manchester, England

April 2009

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**Knowledge Translation**  
...is the exchange, synthesis and ethically-sound application of knowledge within a complex system of relationships among researchers and users (CIHR).

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**Why is knowledge translation important?**  
30-45% of patients are not receiving care according to scientific evidence, and 20-25% of care provided is not needed or potentially harmful

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**Practitioners are reluctant to change their tried and true ways of responding in specific situations**  
“Mindlines” are the reason!

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## What are “mindlines”?

They are collectively reinforced, internalized, tacit guidelines, that are flexible, often working via reasoning akin to “fuzzy logic” that eschews the hard edges of clinical guidelines and allows for judgment and plasticity in their application.

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## How to explain mindlines?

A recipe, that combines intellectual with psychosocial and motor components

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## Lesley’s Osso Bucco

- Veal shanks from Tony the butcher, thick cut, front leg only
- Chardonnay smoked sea salt (France), fresh ground pepper, potato flour
- Brown in olive oil (Italian bulk)
- Cover with stock made from glace de viande, chopped fresh sage and garlic

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## Lesley's Osso Bucco (cont'd)

- Bake in oven for 3 hours, adding more stock if needed
- Flip meat half way through
- "Lesley, you must make the osso bucco a day ahead!" (Monique Bégin)
- Serve with butternut squash risotto
- Adapted from epicurious.com

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[How to make Osso Bucco](#)

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## Rationale for the Study

- Three large recent studies found that better educated hospital nurse work forces were associated with lower patient mortality
- Aiken's (2008) study of 10,184 nurses and 232,342 surgical patients in 168 hospitals showed that better practice environments were associated with better nurse outcomes independent of nurse staffing and education, and with lower patient mortality

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## What would this mean?

- Reduction of 40,000 patient deaths per year (roughly equivalent to the number of people killed in car accidents in the US annually)
- Substantial cost savings of avoiding “adverse events” in nurse-sensitive patient outcomes
- These are estimated to cost \$1000 US per event

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## Our Project (2001-present):

The Health Sciences Centre,  
Winnipeg

Nursing Knowledge Translation  
Centre

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## Helga Bryant and Shellie Anderson



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## Theoretical Frameworks

- Social Network Theory
- Participatory Action Research in Health Services --PARIHS (Royal College of Nursing, Oxford)
- Organizational Empowerment (Kanter)

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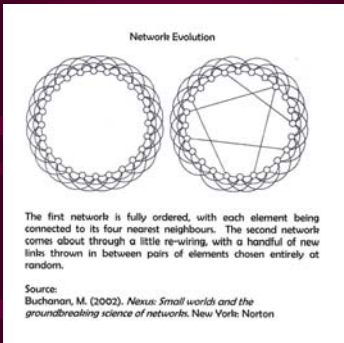
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## Social Network Theory



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Deliberate rewiring of a social network . . .

Can lead to beneficial results!

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## RCN Institute Framework

- Uptake of evidence into practice is a function of the interplay of evidence, context, and facilitation
- Most of the previous work on KT in nursing has focused on evidence, but these authors emphasize the importance of understanding the other two factors to accomplish meaningful and lasting change

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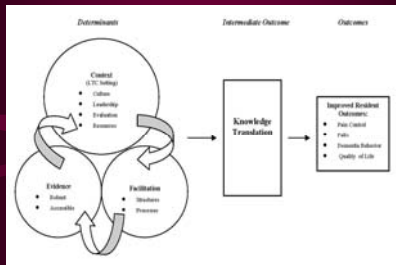
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## Organizational Empowerment

- Employees are empowered by work environments that:
- Provide access to information, resources and support, and the opportunity to learn and develop
- Support flexibility in job activities and strong feelings of personal psychological empowerment

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## How do these theories drive the proposed intervention?

- The *Centre* is set up to promote interaction among nurses who would not normally interact, extending and their social networks
- The staff of the *Centre* provide training not just on how to evaluate evidence, but also use an understanding of context and facilitation strategies to help nurses become better able to use knowledge in practice

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## The theory and the intervention (continued)

- The nurses on each unit assigned to the *Centre* intervention select a nurse-sensitive patient outcome which becomes the target for KT
- But unlike other such interventions, we start the process by first examining their individual and collective “mindlines”

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## Phase I (2005-2009, CIHR)

Documenting Quality of Work Life

Documenting Absenteeism

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## Work Life Results

- Four measures were used in six monthly (April, October) internet based surveys:
- Conditions of Work Effectiveness Questionnaire (CWEQ-II)
- Global Empowerment Scale
- Nursing Work Index-Revised (NWI-R)
- Global Job Satisfaction Questionnaire (GJSQ)

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## Results

- Nursing work life results are remarkably stable over time
- This is the case in spite of considerable organizational flux

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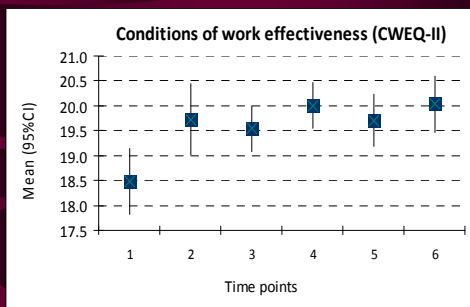
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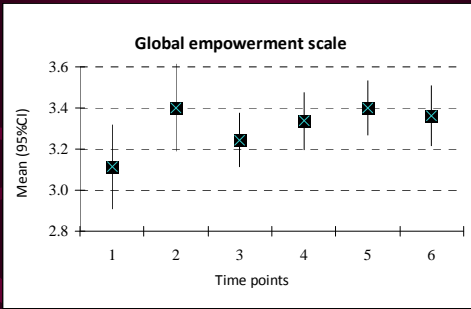
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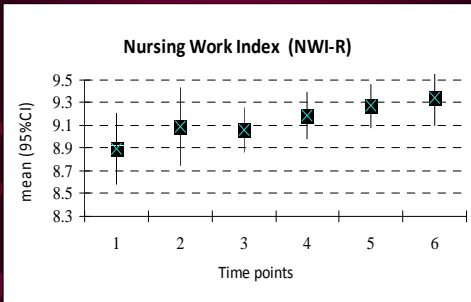
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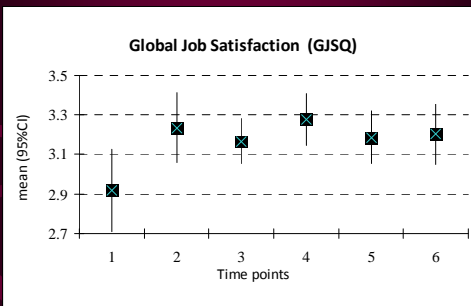
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## Predictors of Job Satisfaction

Were availability of support, performance feedback, and recognition, accounting for 37% of the variance in job satisfaction

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## Absenteeism Results

- These were greeted with complete skepticism!
- Results showed that absenteeism for nurses only (excluding disability) averaged at 5% of scheduled work hours
- We concluded that difficulties “covering” absenteeism were really the result of vacancies

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## Phase II (2009-2012) is designed

- To establish the Nursing KT Centre as a physical space within the Health Sciences Centre
- To pre-test the elements of the facilitation process to be used by the Director of the Centre, the tutors and the librarian
- To assist nurses to identify their pre-existing mindlines before examining evidence

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**Design: Mixed Methods**

- Concomitant and sequential
- Quantitative measures (work life, absenteeism, KU measure, social network analysis)
- Qualitative case studies

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**Criterion for Success**

“Organizational Significance”

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**How will this be determined?**

Through an iterative process with senior management whereby they define the “minimal” and “optimal” change in absenteeism and job satisfaction that would be sufficient to justify continued funding for the Nursing KT Centre

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Health Sciences Centre  
Winnipeg, MB



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